

NH BOS CES Policy Manual

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DATE: 1/23/2018

Adopted on January 23, 2018

1. Overview/Background/Purpose

The Continuum of Care (CoC) Program interim rule (24 CFR Part 578-
https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf) requires that all CoCs implement a Coordinated Entry System (CES) in collaboration **with any projects funded by the CoC Program, ESG Program, and HOPWA Program..** CES is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. Coordinated entry works by establishing a common process to understand the situation of all individuals and families who request assistance through the homeless system. The core elements of this process include established system access points, referred to as Regional Access Hubs, use of standardized assessment processes, and prioritization of individuals and families for referrals to appropriate and available housing resources.

BoSCoC shall provide systems of care to individuals and families who are experiencing homelessness or at risk of becoming homeless by unifying community efforts to end and prevent homelessness, and ensuring that every person has access to safe, decent and affordable housing.

Our CES institutes consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family's immediate and long-term housing needs.

In 2016, the CoC approved the CoC's Written Standards, (<https://www.dhhs.nh.gov/dcbcs/bhhs/documents/nh-500-written-standards-sig.pdf>) and the CoC's coordinated entry planning group began designing the CES. With feedback from multiple stakeholders, participation in the Built for Zero initiative through Community Solutions, and HUD technical assistance for coordinated entry, a set of guiding principles were established which served as a framework for developing the key components of the CES. All three CoCs' within the State of New Hampshire have implemented coordinated entry systems over the last two years, in an effort to improve access and services to NH's most vulnerable neighbors. The policies & procedures (P&P) outlined in this document will guide the general operations and day-to-day activities of the CES. All providers participating in the CES must follow the policies and procedures (P&P) outlined in this document and any specific agency procedures must not conflict with the P&P described here.

BoSCoC's CES is designed to:

- Allow anyone who needs assistance to know where to go to get that assistance, to be assessed in a standard and consistent way, and to connect with the housing/services that best meet their needs;
- Ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers throughout the assessment and referral process;
- Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;
- Ensure that clients gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs;
- Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources.

To achieve these objectives, BoSCoC's CES includes:

- A uniform and standard assessment approach to be used for all those seeking assistance and procedures for determining the appropriate next level of assistance to resolve any housing crisis, including those who are at risk of homelessness, living in shelters, on the streets, or places not meant for human habitation;
- Establishment of uniform guidelines among components of homeless assistance (Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing) regarding: eligibility for services, priority populations, expected outcomes, and targets for length of stay;
- Agreed upon priorities for accessing homeless assistance;
- Referral policies and procedures from the system of Coordinated Entry to homeless services providers to facilitate access to services

2. Full Geographic Coverage of NH

The BoSCoC has designed the CES described in this manual to coordinate and strengthen access to housing for families and individuals who are homeless or at risk of homelessness throughout the Balance of State CoC (BoSCoC) geography in coordination with the Manchester CoC (MCoC), and Greater Nashua CoC (GNCoC). New Hampshire's CES will cover the entire geographic area of NH. Each region has implemented a local process in collaboration with the statewide process. The CES has integrated 211-NH as the "single access point" for all of NH's neighbors.

3. Guiding Principles

- A. **Housing First**- an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. The coordinated entry system primarily refers to programs using a Housing First model. The BoSCoC uses the Housing First model for all of its rapid rehousing and permanent supportive housing programs.
- B. **Promote person-centered practices** – Every person experiencing homelessness should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Individuals should be provided with ongoing opportunities for participation in the development, oversight, and evaluation of coordinated assessment. People should be offered client-centered choices and solutions whenever possible. The CoC is committed to reinforcing a person-centered approach throughout the coordinated entry process. Components of this approach include:
 - i. Use of an assessment tool developed using trauma-informed principles, which are based in part on a participant's strength, goals, risk, and protective factors;
 - ii. Use of tools and processes which are clearly explained and easily understood, provision for modifications to processes where needed for accessibility, and availability of interpretation, translation, and screening for participants who are non-English speaking in order to provide a sustained focus on the provision of culturally and linguistically appropriate services;
 - iii. Provision of training for assessors and navigators regarding trauma-informed communication and minimization of risk and harm;
 - iv. Provision of choice to participants regarding decisions such as location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice;
 - v. Clear and understandable referral protocols which ensure that participants will be able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program's rate of success; and

- vi. Commitment to successfully completing the referral process once a referral decision has been made through coordinated entry.

- C. **Prioritize longest homeless and most vulnerable**—NH BoSCoC has adopted HUD’s Notice CPD 16-011, Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing:
<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>
- D. **Low Barrier:** The CoC’s coordinated entry process does not screen people out of the process due to perceived barriers related to housing or services, including, but not limited to, limited or no income, active or historical substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions. The CE process will **eliminate barriers** to housing access by identifying system practices and individual project or shelter eligibility criteria which may contribute to excluding people from services and work to eliminate those barriers.
- E. **Transparency** – Make thoughtful decisions and communicate directives openly and clearly.
- F. **Promote collaborative and inclusive planning and decision making practices.**
- G. **Cultural and Linguistic Competency:** The CoC is committed to ensuring that coordinated entry incorporates culturally and linguistically competent practices. The CoC will incorporate cultural and linguistic competency training into the required annual training protocols for participating projects and staff members. The CoC strives to reduce cultural and linguistic barriers to housing and services for special populations, including immigrants, refugees, and other first generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) persons.

4. Fair and Equal Access

NH'S CES will ensure that housing and supportive services are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap, or who are least likely to apply in the absence of special outreach.

All people of different populations and subpopulations within the State of NH, including people experiencing chronic homelessness, veterans, and families with children, youth, and survivors of domestic violence, must have fair and equal access to the coordinated entry process.

5. Reasonable Accommodation

CES staff provide variation to the process, e.g., a different access point, when needed as a reasonable accommodation for a person with disabilities. For example, a person with mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location.

6. Limited English Proficiency

All Regional access hubs may have staff members who speak other languages in order to assist participants or will have the capacity to communicate with persons speaking other languages through a telephone-based or in person interpreter service.

7. NONDISCRIMINATION

Any recipients or subrecipients of Federal and State funds will comply with applicable civil rights, and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG program funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:

- A. Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status
- B. Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance
- C. Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance
- D. Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance

- E. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodations providing housing, from discriminating on the basis of disability.

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

8. Affirmative Fair Marketing

The CES will be affirmatively marketed throughout New Hampshire to ensure housing and supportive services are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply.

Marketing of the CES is the responsibility of the CES committee and will include the following:

- A. Distribution of flyers in both English and Spanish to be posted at all regional access hubs and participating agencies.
- B. Information about the Coordinated Entry System including Regional Access Hubs, will be provided on the CoC's website at <http://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>.
- C. Informational sessions with potential referral sources and community partners such as the VA, shelters, food banks, public housing agencies, Department of Human Services, etc.
- D. Tracking of marketing materials distributed and information sessions
- E. 211-NH

To further ensure fair and equal access, the CES requires that all access points be accessible to persons with disabilities (including physical disabilities) and have or access to staff who possess bilingual capabilities and various cultural competencies. If Regional Access Hub staff do not possess capacity in a language to communicate directly with a person, then interpretive services will be arranged.

9. Access

- A. **Target Population:** The CES process outlined in this document is intended to serve all individuals and/or families experiencing homelessness and those who are at imminent risk of homelessness who reside in the NH. Homelessness and imminent risk of homelessness will be defined in accordance with the HUD definition of homelessness.

- B. **Access Points:** Each Regional Access Hub has their own physical location and designated housing navigator, which 211-NH will refer people to after conducting the initial Prevention & Diversion Assessment Tool (NH PDT). We highly encourage HUD CoC funded projects to be an access point, and may be necessary in communities with no emergency shelters or outreach teams.

Resources and information, about the CES & 211-NH, will be provided to 24 hour establishments, restaurants, hospitals, hot meal programs, churches, schools, check cashing locations, and other places known to be frequented by the target population. In addition, each access point is encouraged to explore various outreach activities such as hosting a booth at local community events, resource fairs, festivals and county fairs to provide information and resources.

When an individual actively fleeing domestic violence presents to 211 or a Regional Access Hub, the organization will make every effort to connect the individual to the New Hampshire Coalition Against Domestic and Sexual Violence, 1-866-644-3574. If a household is determined to be at imminent risk of harm due to domestic violence when an assessment is being conducted, the housing navigator should immediately connect the individual/household to the above mentioned 24 hour crisis number. The call must be made with the household and plans made to tend to their immediate transportation and security needs.

C. VAWA

All agencies participating in CES will ensure they are following The Violence Against Women Act of 1994 (VAWA). Under the HUD Final Rule Implementing VAWA Reauthorization Act of 2013, the BoSCoC adopted policies to include provisions for protection of victims of domestic violence, dating violence, sexual assault, sexual battery or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation. These policies and procedures apply to CoC-funded Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) programs. ESG-funded programs are subject to VAWA policies issued by the administrator of ESG funds. As a part of these policies and procedures, the CoC has put in place a policy for emergency transfers. The full details of the policy can be found in the BoSCoC Written Standards. For program participants who qualify for an emergency transfer, under VAWA, but a safe unit is not immediately available for an internal emergency transfer, the individual or family shall have priority over all other applicants for rental assistance and permanent supportive housing projects at another housing provider within the coordinated entry system, provided that the individual or family meets all eligibility criteria for such assistance.

D. After Hours Procedures:

If it is after hours, the following should occur:

1. People presenting at an emergency shelter will be offered a bed in the emergency shelter where they arrived (if they are population-appropriate). If they are not population-appropriate, they will be referred to a shelter that is population-appropriate or has available space via a return call to 211-NH.
 - a. If no shelter has available space, the shelter will assist the participant(s) in finding other available crisis housing (churches, hotels or motels, etc.).
 - b. If they do not initially present at an emergency shelter, they will be referred to 211-NH or Regional Access Hub for assistance.
2. 211-NH must maintain after hours answering services that provide information on accessing emergency shelters.

Regional Access hubs are listed on our website: <https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>

10.Outreach

Any outreach efforts funded under ESG, PATH, or the CoC program are linked to the coordinated entry system. The BoSCoC outreach program serves people who are experiencing literal homelessness or at-risk of homelessness through engagement with emergency shelters, outreach to unsheltered, prioritizing people who are experiencing chronic homelessness and in unsheltered situations with a goal of moving people quickly into housing. Nine workers cover the Balance of State (BOS). Outreach staff will meet with people in the best location for the person, which may be the woods, an office, or community location, where they will build rapport and complete a thorough needs assessment. CE workers work within the statewide coordinated entry system, 211-NH, local service agencies, and local welfare offices to locate & outreach to the hardest to reach homeless.

11.Assess

The CoC's standardized assessment approach and accompanying tools have been designed to be delivered in phases to determine when assistance is needed and to progressively engage a participant over time.

A. Stage 1: Diversion, Prevention and Emergency Shelter Needs

- i. PREVENTION AND DIVERSION- The CoCs' seeks to prevent homelessness and divert households from shelter to stable housing whenever possible. The CoCs' values provision of assistance prior to shelter entry, recognizing that shelter stays can be destabilizing and traumatic.

The CoCs' offers financial assistance to households in order to prevent eviction or other housing displacement. The CoCs' offers case management services and financial assistance to households seeking shelter, when these resources can prevent entry to shelter. NH's Prevention and Diversion Tool is used to determine appropriate services and assistance needed.

The initial assessment, NH's Prevention and Diversion Tool (NH PDT) includes trying to divert and prevent homelessness. If homelessness cannot be prevented or diverted, and the individual/ household does not have housing, shelter needs will be assessed. All Regional Access Hubs should conduct the initial screening by following the steps below:

- a) 211 Staff/ Designated assessors (housing navigators) will administer NH PDT to people seeking assistance at the regional access hubs or via phone call.
- b) If it is determined that person is not experiencing homelessness or at imminent risk of homelessness, then they should be referred to local resources and/or the 211 line for other resources.
- c) If it is determined that the person is experiencing homelessness and in need of crisis services, the Housing Navigator must make arrangements for the provision of emergency shelter. For housing navigators at access points that provide Emergency Shelter, the intake procedures can begin at this point. For access points that do not provide shelter, the necessary referral(s) must be made for these services.
- d) Once Emergency Shelter has been arranged or if the person refuses shelter services, the housing navigator must conduct the next phase of the assessment within 5-7 business days or earlier if deemed appropriate.

i. Stage 2: Housing Resources and Barriers

The Housing Barrier Assessment is the second step of the assessment process. Housing Navigators at Regional Access Hubs and mobile outreach staff are able to conduct the Housing Barrier Assessment tool using the steps indicated below.

- a) Designated assessors will administer the housing barrier tool to participants who have already been screened through the NH's Prevention and Diversion Tool, and are still experiencing homelessness after 5-7 days or those who have refused shelter services.
- b) Staff will utilize the information from the assessment to help each participant that is willing to create a housing plan to exit homelessness as quickly as possible.

ii. Stage 3: Evaluating Vulnerability

The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) is a survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness and is the third step of the assessment process, The VI-SPDAT will be administered by a staff most familiar with the person.

- a) Designated assessors will administer the tool to participants who have been in a shelter or living in places not meant for human habitation (i.e. streets, cars, etc) for more than 30 days. The assessment may be conducted early if participant requests.

- b) Once the tool is complete, the assessor must enter the information into the CoC's Homeless Management Information System (HMIS) within 24 hours. NH'S HMIS will have the ability for real time entry of the VI-SPDAT. If provided with the proper participant consent. The information entered into HMIS will be used to update the By Name List which determines which participants will be offered available housing resources first. As housing intervention openings become available, the CES Committee will prioritize households for referral to TH, RRH or PSH program openings, per the prioritization process explained later below.

iii. Stage 4: Program Eligibility

Each program must conduct eligibility screening for the prioritized participant referred to their program. The program is responsible for securing documentation for the project chart to support the participant's eligibility. Outreach and shelter staff may assist but the ultimate responsibility remains with the admitting program.

iv. Progressive Assessment Engagement Chart

Assessment Stage	Description	Timeframe
Stage 1	Diversion, Prevention, Emergency Shelter Needs (NH PDT)	Upon request for housing services
Stage 2	Housing Resources and Barriers	After 14 days of homelessness
Stage 3	Evaluating Vulnerability/ VI-SPDAT	After 30 days of homelessness
Stage 4	Program Eligibility	Initial documentation/information gathered by shelter or outreach worker Final determination by project staff after referral

v. Connection to Mainstream Resources

All agencies will be expected to link participants to mainstream resources and community based emergency assistance services in their community. Referrals to mainstream resources must be documented. Each Regional Access Hub will be required to have a documented process in place by which referrals are made and received for the above mentioned services. All Non-HMIS agencies will assist clients with the call to NH-211 or Regional Access Hub, for initial assessment (NH'S PDT).

All HMIS agencies must document contacts and referrals in the HMIS. Providers will follow all HMIS policies and procedures. The extent to which agencies connect participants to mainstream resources is determined by the program and the resources available at that time. Agencies are encouraged to use statewide resources available to

them like SSI/ SSDI Outreach, Access, and Recovery (SOAR), municipal welfare and other local resources.

vi. Updating the Assessment

Information completed within any phase of the standardized assessment process shall remain valid for a period of 6 months. As different phases of the assessment are conducted or new information is obtained, the assessor must update the system accordingly.

vii. Assessor Training

All staff that administers assessments will receive training on uniform decision making and referrals, the standardized assessment approach and tools, HMIS, proper referral and prioritization procedures, review of CE policies and procedures, and priority list management, which will be coordinated by their local CoC. Staff will also receive training in serving domestic violence survivors and other population-specific topics as needed. It is the responsibility of the CES Committee to provide training protocols and ensure training for staff is available and to make sure it is offered on a regular basis (at least initially and annually thereafter). The CES Committee will notify each access point agency of training being offered at least 30 days prior to its occurrence. If the CES Committee chooses to provide tutorial videos for CES the committee will notify all access points of the available website they can be viewed.

viii. Central Priority List: “By Name List”

Once Stage 3, vulnerability screening/ VI-SPDAT, has been completed, the participant receives a prioritization score on the BNL. The ranking factors for sorting the CoC priority list are contain within the CoC Written Standards, located at , (<https://www.dhhs.nh.gov/dcbcs/bhhs/documents/nh-500-written-standards-sig.pdf>).

12. Priority List Management

The CES committee will have overall responsibility for management of the list, but may assign CoC staff for everyday management of CES and the By Name List. The priority list will be run weekly and assessed for new entries and exits. The priority list will only be released to staff members designated as the CES lead for each agency. The BNL will be run using HMIS, however, if the need to share via email, google or other sharing services, identifying information will be removed.

This may be done through a password protected worksheet, document sharing services (ex: google drive/ google sheets) or HMIS. Security and confidentiality of the list is of upmost importance. The BHHS CoC Systems Administrator will be responsible for disseminating the list to the CES leads at each agency. All CES agency leads will receive training on security measures to keep a person's PPI safe and secure. For further information, please use the following link: <http://nh-hmis.org/sites/default/files/reference/NH-HMIS-Policies-&-Procedures-HP20170911.pdf>

12. INACTIVE PROCEDURE:

For individuals on the active case conference roster, the following inactive procedure applies:

At 90 days, if an individual on the By Name List has not been located by outreach or other attempts listed below AND they have had no services or shelter stays in HMIS for the past 3 months, the individual is moved to the "inactive list".

Efforts to locate an individual are required at least once a week may include:

- *Physical outreach to the last known location and/or last known associates;*
- *Phone calls to the last know phone number or other contacts;*
- *Check the nearest medical clinic or hospital (With understanding of HIPPA barriers);*
- *Contact last service provider or original assessor (211 or regional hub);*
- *Check HMIS for recent entries in other projects; or*
- *Letters/ phone calls to the individual to any known contacts*

The attempts to contact the individual must be documented in HMIS and/or notes and have been communicated back to the by name list team. A new assessment should be completed if the individual returns to the active list if appropriate.

13. Referrals

All CoC, ESG, State Grant In Aid (SGIA) and VA SSVF-funded homelessness assistance programs must seek and accept referrals exclusively through the CES as described below. Participating agencies may develop additional policies and procedures specific to their agency and programs, however they must not conflict with those outlined here and must not add any unnecessary barriers to accessing housing and/or services.

A. Vacancy Tracking

When a TH, RRH, or PSH vacancy occurs, the provider agency with the vacancy must alert the BHHS CoC System Administrator via email within 3 business days of the vacancy. The email notification must include specific details of the vacancy including the program name, unit size, location, and eligibility requirements. Keep in mind the sooner you notify the coordinator, the quicker the matching process will start. The CoC System Administrator will provide an updated version of the list to the agency and will work with the provider to match a prioritized household to the vacancy via email or conference call within 1 business day. Providers may also notify CES of known upcoming vacancies to receive prompt referrals and reduce vacancy rates.

B. Emergency Solutions Grants program funds

All providers who are subrecipients of Emergency Solutions grant funding within the State of New Hampshire will consistently follow the written standards of the BoSCoC, which includes:

1. Guidance for evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578;
2. Guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance and rapid re-housing: NH BoSCoC has adopted HUD's Notice CPD 16-011, Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing:
<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf> ;
3. Guidance for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance; and
4. Guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

The CoCs' and all providers who are the subrecipients of Emergency Solutions grant funding within the State of New Hampshire are required to work together to ensure NH's coordinated entry process allows for coordinated screening, assessment, and referrals for ESG projects consistent with the written standards for administering ESG assistance.

C. Emergency Shelter

All shelters are encouraged to adopt the prioritization policies of the CoC to prioritize bed availability.

D. Transitional Housing

Please refer to the BoSCoC Written Standards,

(<https://www.dhhs.nh.gov/dcbcs/bhhs/documents/nh-500-written-standards-sig.pdf>)

E. Rapid Rehousing

Please refer to the BoSCoC Written Standards,

(<https://www.dhhs.nh.gov/dcbcs/bhhs/documents/nh-500-written-standards-sig.pdf>).

F. Permanent Supportive Housing

1. PSH Openings Procedure

- a) Initially with the roll-out of this policy, when a provider identifies a PSH opening, they will contact the BHHS CoC System Administrator and review prioritization list together to identify the next person on the priority list. Once at least five placements have been made the provider may elect to facilitate their own placements by reviewing the appropriate prioritization report within the file sharing service and requesting the coordinator's assistance, when needed;
- b) Once a person(s) is identified, the agency should contact him or her to determine interest in housing. If the highest ranking person cannot be found within 5 business days, the provider may move onto the next person on the list and follow this process until someone is contacted and the bed is filled. Persons not located will not lose their place on the Priority List. Providers must coordinate with community partners to find prioritized people and document all efforts;
- c) If the identified person is interested, the project will begin project specific eligibility screening and collection of required documentation;
- d) If the person is ineligible, the HMIS record should be updated to reflect the decision and prevent additional ineligible referrals to that project. This can be done by the provider's HMIS staff;
- e) If the person is eligible, he or she should be documented as eligible, admitted to the project and have an entry recorded in HMIS; and
- f) If the person is denied, he or she will be added to a roster of people to be reviewed by the CES committee to review people's housing barriers and identify other resources.

G. Coordinated Entry System Committee :

The Coordinated Entry System Committee, as part of its regular Case Conferencing meetings, will periodically review cases of individuals with high vulnerability (defined below) who are unable or unwilling to complete a VI-SPDAT assessment. The purpose of convening as a review panel is to provide a safety net for individuals where the tool/ assessment did not reveal the full depth and/or urgency of the situation. Assessors/case managers will have to demonstrate professional judgment in this process. Those that repeatedly refer a large percentage of

individuals to the review panel may be subject to additional training and/or other measures. A review panel will be used to allow for some element of individual attention and conversation in this process, but at the same time still maintain a uniform, transparent process.

The review panel process/ case conferencing will be person-centric, not program-centric (i.e., the end result will not always be PSH placement, but rather to match a highly vulnerable person to the appropriate housing resource), that may not otherwise be correctly prioritized on the BNL.

For example, an individual with extreme medical needs may be referred to the review panel because he/she is at risk of dying, but if only a housing subsidy is needed (without intensive wraparound services); the individual should not be placed in PSH but rather prioritized for an intervention such as Section 8.

The following represent parameters for this review panel:

No more than 5% of placements can be made through the review panel process.

A client MAY be referred the next Case Conferencing meeting for review if one or more of the following conditions are met:

1. A severe medical condition:

For purposes of referral to the review panel, a severe medical condition is defined as:

- a) End Stage Renal Disease or Dialysis;
- b) End-Stage Liver Disease or Cirrhosis;
- c) History of Frostbite, Hypothermia, or Immersion Foot;
- d) HIV/AIDS;
- e) Congestive Heart Failure;
- f) Cancer; and/ or
- g) Diabetes.

2. A severe mental health condition:

This may either be diagnosed or observed by the assessor/case manager/outreach worker. This may include suicidal ideation or attempts. The assessor/ case manager/ outreach worker must make attempts to obtain documentation of the mental health condition, if possible.

3. Evidence of self-neglect:

Observation by the assessor/case manager/outreach worker is sufficient to meet this condition.

PLEASE NOTE: The Adult Protection Law requires any person who has a reason to believe that an vulnerable adult has been subjected to abuse, neglect, exploitation or self-neglect to make a report immediately to the Bureau of Elderly & Adult Services (BEAS). Call (603) 271-7014 or toll Free from within NH at (800) 949-0470

4. Age:

The individual is 65 years of age or older.

It is important to note that a client may be referred to the review panel for any of these reasons *regardless of whether the individual participated in the VI-SPDAT or SPDAT process*. It is also important to note that these criteria will be reevaluated on an ongoing basis.

14. Declining Referrals

1. Program Participant

One of the guiding principles of the CES is participant choice. Individuals and families will be given information about the programs available to them and have some degree of choice about which programs they want to participate in regardless of how they are prioritized for that housing intervention type. CE participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance. If an individual or family declines a referral to a housing program, their name remains on the Prioritization List until the next housing opportunity is available.

2. Participating Project

There may be rare instances where programs decide not to accept a referral from the CES. When a provider agency declines to accept a referred prioritized household into their program, they must notify the CES committee of the denial and the reason for the denial via email. Refusals are acceptable only in certain situations, including:

- The person does not meet the program's eligibility criteria;
- The person would be a danger to others or themselves if allowed to stay at this particular program; and
- The person has previously caused serious conflicts within the program (e.g. was violent with another person or program staff).

15. List of Referral Sources

A list of all available CoC resources will be maintained, including each project's eligibility criteria. The list of resources must be updated annually and be publicly available on the CoC's website at <http://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>.

A. Housing Placement/Move-In:

Housing providers must record move-in to each permanent housing program within 48 hours of housing placement. Move-in will be measured by (1) date of housing move-in, recorded through the "program entry" of the first VI-SPDAT assessment (2) exit date equal to date of move-in, and destination, recorded through the "program exit" for each VI-SPDAT assessment (3) through "program entry" into the permanent housing program equal to the date of "housing move-in" and "program exit" described in section 1 and 2. Failure to successfully execute HMIS responsibilities will require additional "refresher training" prior to re-licensure. Repeated failure of HMIS responsibilities or failure to attend refresher training will result in loss of HMIS licensure.

16. Evaluation

Evaluation of CES will include the following elements: Narrative description of the status of CES implementation including: successes, barriers, challenges experienced, and plans for expansion/improvements in the future.

CES performance indicators may include part or all of the following:

1. Number of persons and individuals receiving CES assistance
 - a. Number seeking assistance/referred to CES
 - b. Number completing initial Diversion & Prevention screening
 - c. Number completing participant intake/assessment to Emergency Shelter services
 - d. Number completing Housing Resources and Barriers assessment
 - e. Number completing the Vulnerability tool, VI-SPDAT
2. Demographics and attributes of persons/households receiving CES assistance (from 1d above)
3. Number of persons and individuals by Vulnerability tool score
4. Number of persons and individuals receiving CES referrals to the following:
 - a. Self-Resolve/No housing intervention offer
 - b. Prevented or Diverted?
 - b. Rapid Re-Housing
 - c. Transitional Housing
 - d. Permanent Supportive Housing
 - e. All other
5. Destination of households for each service strategy as a result of CES referral
 - a. Rapid Re-Housing
 - b. Transitional Housing
 - c. Permanent Supportive Housing
 - d. All other
6. Length of time from completion of the vulnerability tool to program entry:

- a. Average length of time from assessment to referral for each component type
 - b. Average length of time waiting on prioritization list for each component type
7. Number of persons who potentially score for referral for each CoC component type for greater than 30 days

17. Grievance Procedure

A. Provider Grievances

Providers should address any concerns about the process to the CES Committee, unless they believe a person is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the chair of the CES Committee. The CoC Systems Administrator should then schedule for that provider's representative to come to the next available CES Committee meeting so the issue can be resolved. If it needs more immediate resolution, the chair will be in charge of determining the best course of action to resolve the issue.

B. Participant Grievances

The assessment staff member or the assessment staff supervisor should address any complaints as best as they can in the moment. Complaints that should be addressed directly by the assessment staff member or assessment staff supervisor include complaints about how they were treated by assessment staff, assessment center conditions, or violation of confidentiality agreements. Any other complaints should be referred to the chair of the CES Committee to be dealt with in a similar process to the one described above for providers. Any complaints filed by a participant should note their name and contact information so the chair can contact them and ask them to appear before the committee to discuss them.

18. Confidentiality and Privacy

A. Release of Information

The assessment staff member will review the Release of Information with the participant to ensure that they understand how their information will be used prior to completing the assessment. The Release of Information will be documented in HMIS. CoC will only share participant information and documents when the participant has provided written consent.

B. Data Sharing

NH's HMIS is used to manage coordinated entry functions, and therefore, all users of HMIS will be informed and understand the privacy rules associated with collection, management, and reporting of client data. All Coordinated Entry data will be openly available to HMIS users who are authorized to enter Coordinated Entry data. CES operations and staff must abide by all state and federal privacy protections, per HMIS Data and Technical Standards (24 CFR 578.7(a)(8)). Client consent protocols, data use agreements, data disclosure policies, and any other privacy protections offered to program participants as a result of each client's participation in HMIS will be the same as CES. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals. Services will not be denied to any participant if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

C. Refusals:

For limited instances when individuals refuse specific questions throughout the assessment process, the assessor may request permission to ask additional questions in order to utilize their conversation with the individual, surveyor observation, documentation and information from other professionals in order to provide responses. When staff encounter individuals who do not provide a response to any of the first questions, they should stop and acknowledge that the assessment will not provide useful information if the individual receiving assessment does not want to participate. Staff should utilize continued progressive engagement and rapport building with these individuals until they are willing to be assessed.

Individuals who are not able to complete either a VI-SPDAT or full SPDAT may be referred to the CES Committee.

19. Staffing/Governance

The coordinated entry process will be governed by the CES Committee of the CoC.

This group will be responsible for:

- Providing information and feedback to the CoC, CoC Board, and the community at-large about coordinated entry;
- Evaluating the efficiency and effectiveness of the coordinated entry process;
- Reviewing performance data from the coordinated entry process; and
- Recommending changes or improvements to the process, based on performance data, to the CoC and CoC Board.

20. Marketing/Communication Plan

The primary strategy for advertising the coordinated entry program will be through the use of NH 2-1-1. NH 2-1-1 has been the primary number to call for homeless assistance in NH for many years, and most providers know to refer people experiencing homelessness to 2-1-1 NH & 211nh.org

21. Compliance Procedures

The Bureau of Homeless and Housing Services (BHHS) is requiring participation in CES for all state and federally funded providers that have current contracts with the State of NH. The BHHS program administrators responsible for CES oversight will conduct ongoing compliance monitoring and site visits to ensure that local CES programs are in compliance with state and HUD expectations.

22. Appendices